



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS GROUP OF CHILDREN TO ONE LOCATION

Name of the facility exactly as stated on the license or certificate			License/Certificate #
Street Address of the Facility	City	Zip Code + 4	County

Children or Youth listed below may go on an off-premise trip to: _____

Located at: _____
on _____.
(MM/DD/YYYY)

Time of Departure: _____ Estimated Time of Return: _____

Children or Youth will be traveling by: _____ Car _____ Walking

Children or Youth will be supervised at all times by the following staff:

Staff Name _____ First Last	Staff Name _____ First Last
Staff Name _____ First Last	Staff Name _____ First Last

[illegible]